

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS OOOO"

SECTION I: GENERAL INFORMATION

Dominion Transmission, Inc.

Owner or Operator Name

Division of Air Quality ID Number (If Available)

445 West Main Street

Street Address

Clarksburg

WV

26301

City

State

ZIP Code

Jason Bach

jason.e.bach@dom.com

304.669.4850

Facility Local Contact Name

E-Mail

Telephone Number

Signature

9-24-13

Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

☒ [X] Route flowback gas to a completion combustion device

☐ [] Use on-site as a fuel source;

☐ [] Reinject into the well or another well

☐ [] Route flowback gas to a salable gas pipeline

☐ [] Other _____

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-041-05662 M	John S. Tierney Heirs 13148	39°06'48.54" 80°39'00.17"	10-2-13	10-9-13

[Add rows to the table for additional wells, as necessary]